

## MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027928

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 3332

Primary Registration District No. 4348

Registrar's No. 108

FILED JUL 26 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wellsville</b>		c. CITY OR TOWN <b>Wellsville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>503 E. Hudson</b>		d. STREET ADDRESS (If outside, give location) <b>503 E. Hudson</b>	
3. NAME OF DECEASED (Type or print) First <b>Ernest</b> Middle <b>Wesley</b> Last <b>Seiler</b>		4. DATE OF DEATH Month <b>July</b> Day <b>7</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 2, 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired Produce Bus.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Produce</b>	9. AGE (last birthday) <b>80</b>
11a. FATHER'S NAME <b>Jon Seiler</b>		11b. MOTHER'S MAIDEN NAME <b>Mary (unknown)</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		12b. SOCIAL SECURITY NO. <b>2</b>	
13a. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ARTERIOSCLEROSIS</b>		13b. INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <b>Diabetes</b>		<b>3 weeks</b>	
DUE TO (c) <b>Indo-Corditis</b>		<b>15 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Wellsville, Mo</b>	
21. I attended the deceased from <b>June 30, 1962</b> to <b>July 7, 1962</b> and last saw her/him alive on <b>July 7, 1962</b> Death occurred at <b>3 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <b>Willis H. Walls D.D.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 9, 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Wellsville</b>		23d. LOCATION (City, town, or county) <b>Wellsville, Mo</b>	
24. FUNERAL DIRECTOR <b>Howard F. Myers, Wellsville, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>July 9-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Laura B Callaway</b>		27. DATE SIGNED <b>July 9, 1962</b>	

(Licensed Emballer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

NOV 20 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Howard F Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.